

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L62688

(1)

1. Corporation Name

WARREN'S WHEELS, INC.

FILED

95 JUL 31 PM 12:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**6948 VENTURA CIRCLE
UNIT D
ORLANDO FL 32807**

Mailing Address

**6948 VENTURA CIRCLE
UNIT D
ORLANDO FL 32807**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/29/1990

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3000459

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 18765 E. Colonial DR.

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ORLANDO, FL

City & State

City & State

Zip

24 32820

Country

25 ORANGE

Zip

Zip

Country

Country

9. Name and Address of Current Registered Agent

**WARREN, CHARLES
6948 VENTURA CIRCLE
UNIT D
ORLANDO FL 32807**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **WARREN, CHARLES**
STREET ADDRESS **6948 VENTURA CR., UNIT D**
CITY- ST- ZIP **ORLANDO FL**

TITLE **D**
NAME **WARREN, DONNA L.**
STREET ADDRESS **6948 VENTURA CR., UNIT D**
CITY- ST- ZIP **ORLANDO FL**

TITLE **D**
NAME **WARREN, CLYDE F.**
STREET ADDRESS **6948 VENTURA CR., UNIT D**
CITY- ST- ZIP **ORLANDO FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **WARREN CHARLES**
1.3 STREET ADDRESS **18765 E COLONIAL DR.**
1.4 CITY- ST- ZIP **ORLANDO, FL. 32800**

2.1 TITLE **V. OWNER** ☒ Change ☐ Addition
2.2 NAME **WARREN, DONNA L.**
2.3 STREET ADDRESS **18765 E. COLONIAL DR.**
2.4 CITY- ST- ZIP **ORLANDO, FL. 32820**

3.1 TITLE **NOT IN COMPANY ANYMORE** ☒ Change ☐ Addition
3.2 NAME **WARREN, CLYDE F.**
3.3 STREET ADDRESS **6948 VENTURA CR**
3.4 CITY- ST- ZIP **ORLANDO FL. 32807**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-25-95 568-6070